

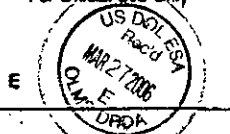
Department of Labor
Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 25093

2. Fiscal Year Covered From:

1 / 1 / 05 Through: 12 / 31 / 05

3. Name and address of person filing.

Name ROGER D KELLEY

P.O. Box, Bldg., Room No., if any

Street 4217 S. HALSTED

City CHICAGO

State IL ZIP Code + 4 60126

4. Name, file number, and address of labor organization.

Name TEAMSTERS Local Union 710

Labor Organization File Number 028039

P.O. Box, Building and Room Number, if any

Street 4217 S. HALSTED

City CHICAGO

State IL ZIP Code + 4 60126

5. Position in labor organization.

BUSINESS AGENT

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

Name and address of Employer (including trade name, if any).

Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

Roger Kelley

Verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information reported (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the signatory's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Kelley

On

3 6 06

Date

Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AMALGAMATED BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE WEST MONROECity CHICAGOState IL ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

CHICAGO BULLS GAME GUEST12.b. Amount \$285.00

13. Received from any employer (other than an employer covered under parts A and B above) any labor relations consultant to an employer any payment of money or other thing of value.

Name and address of Employer or Labor Relations Consultant (including trade name, if any).

if any:

P.O. Box, Room No., if any

ZIP Code + 4

14.a. Nature of payment.

an Employer

or Consultant

14.b. Amount of payment.